

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Xlololi

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

				ioration is spi	ecineu in the	narrative portion of	this report.			
Establishment Name							(m)		Inspection	PERMIT#
Establishment Address (number and street, city, state, zip code)							8112 948 9118	(mm/dd		10 70
614	nent Addr 1 C	ess (num	iber and s	treet, city, sta	ite, zip code)	49		1/10	/20	19-70
Owner	TAUSTEL	<u> 24</u>	1	Num A	bay, in	47150				
Offici							Purpose:	Follow-	^	se Date
Owner's A	ddress	_					Routine	~	> /0	days
Owner's Address							2. Follow-up Summary of Violations:			18:
Person in Charge Michelle William 5 Responsible Person's E-mail							3. Complaint	1 5	\ ~	, ,
							4. Pre-Operational	$C \bigcirc NC \bigcirc R \bigcirc$		
							5. Temporary		<u>'</u>	
T. T. S.							6. HACCP Menu Type (See back of page)			of page)
Certified Food Manager							7. Other (list)			
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						RRATIVE COLUMN				
• VIOLATIC	JN(S) REPI	EATED F	ROM PRE	VIOUS INSPE	CTIONS ARE	DENOTED IN THE "	SUMMARY OF VIOLATIONS".	AND IN THE	NARRATIVE	BELOW AS "R"
Section#	C/NC	R				Narrative .			To Be Co	rrected By
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Received by	(name and	title prim	ted):	-			Inspected by (name and title	printed)		
Michelle Rwilliams Received by (signature): Makelek William									10001	
Received by ((signature)	(K.)		~71 (1°C)	m)		7.7.	Ingram	(EHS)	
Male le De 1 : Dr.							Inspected by (signature):	٠.		
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